

MAINTENANCE REQUEST

NAME _____ DATE _____

REPAIR NEEDED: _____

EXACT LOCATION OF REPAIR NEEDED (ROOM NUMBER, LOCATION WITHIN ROOM, ETC.)

TO BE FILLED OUT BY MAINTENANCE PERSON AND RETURNED TO OFFICE:

_____ REPAIR IS COMPLETE

_____ ITEM IS BEYOND REPAIR

_____ REPAIR HAS BEEN REFERRED TO: _____

ESTIMATED DATE OF REPAIR: _____

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